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CONFIRMATION NO. 8928

SERIAL NUMBER 10/630,415	FILING DATE 07/29/2003  RULE	CLASS 607	GROUP ART UNIT 3739	ATTORNEY DOCKET NO.
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *yes - RO*  
 This appln claims benefit of 60/404,705 08/20/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none - RO*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/13/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Ray D Gibson</i>	INITIALS <i>RO</i>		

Verified and  
Acknowledged

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TITLE  
 Hemorrhoid treatment apparatus

FILING FEE  RECEIVED 675	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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